

Claims Clues

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RxAmerica Implements Drug Formulary

Effective May 1, RxAmerica has implemented a clinically based, comprehensive, cost-efficient drug formulary for AHCCCS fee-for-service recipients. The formulary applies exclusively to fee-for-service recipients.

In selecting medications for the formulary, the RxAmerica Pharmacy and Therapeutics Advisory Panel, working in cooperation with AHCCCS, considered many factors including efficacy, safety, cost effectiveness, and bioequivalency data. RxAmerica's Pharmacy and Therapeutics Advisory Panel is composed of physicians and pharmacists representing various medical specialties from across the nation.

A select set of medications was chosen for the drug formulary that would continue to provide the highest quality of care for AHCCCS fee-for-service members and at the same time incorporate cost-efficient measures to contain the increasing cost of medical care.

A few drugs on the formulary require prior authorization from RxAmerica. If a patient meets the criteria for authorization, the prescribing physician should fax the RxAmerica Prior Authorization Request form to (888) 465-9889 or (888) 994-4994.

Drugs not listed on the formulary also require PA from RxAmerica. Authorization of a non-formulary medication will be considered for compelling medical reasons such as documented treatment failure or severe adverse drug reactions with formulary drugs.



All Prior Authorization Request forms must be submitted by the prescribing physician. Participating pharmacies should not be asked to submit the prior authorizations.

When a participating pharmacy receives a prescription for an AHCCCS fee-for-service recipient, the pharmacist should first adjudicate the claim electronically through RxAmerica. Some drugs requiring PA may have already been authorized, and the claim will adjudicate without restriction.

If a claim is rejected for "NDC Not Covered" or "Prior

Authorization Required," the pharmacist should contact the prescribing physician and ask the physician to consider an appropriate alternative formulary medication or submit a Prior Authorization Request to RxAmerica.

After 5:00 p.m. on weekdays, on weekends, and holidays, a pharmacist may fill and dispense a prescription that requires prior authorization or is not covered under the formulary if the drug belongs to one of the following drug classes:

- Antibiotics
- Analgesics (non NSAID)
- Muscle relaxants
- Anticonvulsants
- Antiarrhythmic Agents

On the next business day, the pharmacist must fax a Prior Authorization Request form to RxAmerica and indicate on the request that the prescription was filled after hours. RxAmerica will enter the PA request in the system for adjudication and inform the pharmacy.

The prescribing physician should not submit a PA request for after hours emergency drugs on the next business day. After hours emergency drug requests will be approved automatically when submitted by the pharmacy on the next business day. □

Vaccines for Children Program Updated

Providers must **not** use immunization administration CPT codes 90471 and 90472 when billing for vaccines under the federal Vaccines for Children (VFC) program.

Under the VFC program, providers are reimbursed a capped fee for administration of vaccines to Medicaid eligible



(Title XIX) recipients 18 years of age and younger.

Providers must bill the CPT

codes for the immunization with the AHCCCS specific "VA" modifier that identifies the immunization as part of the VFC program. Because the vaccine is made available to providers, they must bill only for the administration of the vaccine, not the vaccine itself.

VFC-covered immunizations are listed below:

Immunizations Covered Under the VFC Program

90633 Hepatitis A vaccine, pediatric/adolescent dosage (ages 2-5)	90702 Diphtheria and tetanus toxoids (DT) adsorbed
90634 Hepatitis A vaccine, pediatric/adolescent dosage (ages 2-5)	90707 Measles, mumps and rubella virus vaccine (MMR)
90645 Hemophilus influenza b vaccine (Hib)	90713 Poliovirus vaccine, inactivated (IPV)
90646 Hemophilus influenza b vaccine (Hib)	90716 Varicella virus vaccine, live
90647 Hemophilus influenza b vaccine (Hib)	90718 Tetanus and diphtheria toxoids (Td)
90648 Hemophilus influenza b vaccine (Hib)	90720 Diphtheria, tetanus toxoids and whole cell pertussis and Hemophilus (DTP-Hib)
90657 Influenza virus vaccine (Priority to high risk children)	90721 Diphtheria, tetanus toxoids, and acellular pertussis and Hemophilus (DtaP-Hib)
90658 Influenza virus vaccine (Priority to high risk children)	90732 Pneumococcal polysaccharide, 23 valent
90659 Influenza virus vaccine (Priority to high risk children)	90740 Hepatitis B vaccine, dialysis or immunosuppressed
90669 Pneumococcal conjugate vaccine	90743 Hepatitis B vaccine, adolescent
90700 Diphtheria, tetanus toxoids, and acellular pertussis (DTaP)	90744 Hepatitis B vaccine, pediatric/adolescent dosage
90701 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP)	90747 Hepatitis B vaccine, dialysis or immunosuppressed
	90748 Hepatitis B and Hemophilus influenza b (HepB-Hib)

2001 Rate Schedule Published on Web Site

The 2001 fee-for-service rate schedule is now available on the AHCCCS Web site. The rates are effective April 1, 2001.

The AHCCCS Web site address is www.ahcccs.state.az.us.

Click on "Section for our

Providers" on the navigation bar on the left side of the home page to go to the Providers page.

Click on 2001 Procedure Codes and Rates link to display the rate schedule page. Rates are displayed by type of service, such as transportation, radiology, surgery, etc.

The 2000 fee-for-service rate schedule also is available.

The Providers page also contains links to various documents, including *Claims Clues*, the *Fee-For Service Provider Manual*, and the *AHCCCS Medical Policy Manual*. □